

**Interstitial Monitor Double Wall Tank Annual Summary****(Automatic Tank Gauge Present)****FOR KDHE USE ONLY:****Please make copies of this completed form for your records.**

Submit to: **Kansas Department of Health and Environment  
Bureau of Environmental Remediation -  
Storage Tank Section  
1000 SW Jackson, Suite 410  
Topeka KS 66612-1367**

Monthly Monitoring	_____ yes _____ no
Inventory Control	_____ yes _____ no
Leak Check	_____ yes _____ no
Water Check	_____ yes _____ no
Date	_____

Signed \_\_\_\_\_

*Please Print Clearly or Type*

**I. Inventory Control.** Please send copies of your **December 2004 Inventory Control Records** to KDHE by **March 31, 2005**.

**II. Facility Information**

A. Facility Name: \_\_\_\_\_

B. Facility Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**III. Owner Information**

A. Owner Name: \_\_\_\_\_

B. Owner Address: \_\_\_\_\_  
(street) (city) (state) (zip)

C. Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**IV. Automatic Tank Gauge/Interstitial Monitor Information**

A. Model/Manufacturer: \_\_\_\_\_

**V. Line Release Detection (check the one item that applies to the product line from Tank no. \_\_\_\_\_).**

A. Safe Suction Product Lines \_\_\_\_\_ (no release detection required).

B. Tightness Testing \_\_\_\_\_ (Yearly for pressurized lines, every 3 years for conventional suction lines).

C. Automatic Line Monitor \_\_\_\_\_ (Monthly). Model/Manufacturer \_\_\_\_\_

D. Line Interstitial Monitor \_\_\_\_\_ (Monthly). Model/Manufacturer \_\_\_\_\_

E. Other, please explain \_\_\_\_\_.

**VI. Substance Stored (check one):** " diesel " kerosene " gasoline (including alcohol) " used oil " other  
If other, list contents of tank \_\_\_\_\_

**VII. Tank Tested.** Give total capacity of tank \_\_\_\_\_.

KDHE tank no.	January 2004	February 2004	March 2004	April 2004	May 2004	June 2004
Date						
<b>Tank Monitor Result</b>	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
Outer Wall Breached Inner Wall Breached	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___
<b>Line Result</b>	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail

  

KDHE tank no.	July 2004	August 2004	September 2004	October 2004	November 2004	December 2004
Date						
<b>Tank Monitor Result</b>	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
Outer Wall Breached Inner Wall Breached	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___
<b>Line Result</b>	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail

**VIII. Please contact KDHE within 24 hours if your tank system has failed. Also, contact KDHE if you have two or more "Failed" automatic tank gauge leak tests a month.** Please direct questions regarding tank tests to KDHE, Storage Tank Section, 785-296-8061.